

7.8 Galveston Beach Trip

- WHO:** Youth who have finished 7th or 8th grade
WHEN: July 9th, 9 am – 3:30 pm
(eat breakfast before you come)
COST: \$10 and \$ for a late lunch at The Spot
WHERE: Galveston East Beach
BRING: Beach stuff, sunscreen, dry clothes
(there are showers to rinse off)



Name: _____ Grade _____

Address: _____ Zip: _____

Youth Cell _____

Emergency Contact _____ Phone _____

I hereby give permission for my youth, _____, to travel to and participate in the following activity: Galveston Beach Trip

I understand that my youth will be transported to and from these activities by vehicles operated by individuals who are willing to support our youth program. I understand that only general adult supervision of the youth can be given. I agree to release Memorial Drive United Methodist Church, its' volunteers, and staff from any liability for my youth while these activities are in progress, including transportation to and from the site: Galveston Beach Trip

In the event of an emergency in which medical treatment for my youth is necessary and neither parent can be contacted immediately, I hereby authorize any hospital or physician to implement such treatment as may, in their opinion, be necessary. I agree to assume all financial responsibility of said treatment. Please indicate any medical history you feel necessary for emergency purposes.

Parent Signature

Date